Under the Paperwork Reduction Act of 1995, no person		Trademark Office; U.S	PTO/SB/22 (10-07) rough 10/31/2007. OMB 0651-0031 6. DEPARTMENT OF COMMERCE displays a valid OMB control number.
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006		Docket Number (Optional) S1022.81235US00	
(Fees pursuant to the Consolidated Appropria		Filed	April 14, 2005
	609-Conf. #8444	Filed	April 14, 2005
For CIRCUIT TEMPORAL CORRELATION OF MESSAGES TRANSMITTED BY A MICROPROCESSOR MONITORING			
Art Unit 2115		Examiner	M. D. Cribbs
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	Small Entity F	<u>ee</u>
One month (37 CFR 1.17(a)(1)	)) \$120	\$60	\$120.00
Two months (37 CFR 1.17(a)(2	2)) \$460	\$230	\$
Three months (37 CFR 1.17(a)	(3)) \$1050	\$525	\$
Four months (37 CFR 1.17(a)(	4)) \$1640	\$820	\$
Five months (37 CFR 1.17(a)(5	5)) \$2230	\$1115	\$
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
X Payment by credit card.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825 . I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
x attorney or agent of re	cord. Registration Number	34,681	
attorney or agent under Registration number	er 37 CFR 1.34. If acting under 37 CFR 1.34		
/James H. Morris/		November 2, 2007	
Signature		Date	
James H. Morris		(617) 646-8000	
Typed or printed name			ohone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of 1 form	ns are submitted.		